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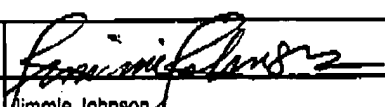
|   |                      |                                      |          |
|---|----------------------|--------------------------------------|----------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/765,430 (Appeal No. 2009-002,988) |          |
|   | Filing Date          | 01/26/04                             |          |
|   | First Named Inventor | Brian L. Gibson                      |          |
|   | Art Unit             |                                      |          |
|   | Examiner Name        |                                      |          |
| Total Number of Pages in This Submission  | 2                    | Attorney Docket Number               | H0003690 |

| ENCLOSURES (Check all that apply)   |  |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                    |          |       |
|--------------|--------------------|----------|-------|
| Firm Name    | Fox Rothschild LLP |          |       |
| Signature    | /Jimmie Johnson/   |          |       |
| Printed name | Jimmie Johnson     |          |       |
| Date         | 06/04/09           | Reg. No. | 52485 |

## CERTIFICATE OF TRANSMISSION/MAILING

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| Signature   |  |      |            |
| Typed or printed name   | Jimmie Johnson  | Date | 06/04/2009 |

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